PTO/SB/08 (08-03)

Approved for use through 1/31/2006, OMB 0531-0032

U.S. Patient and Trademark Office; U.S. DEPART MEM OF COMMERCE and to a collection of information unless it displays a valid OMB control number

OM PECCAPA

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									09/892,412		
CLAIMS AS FILED - PART ((Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN OR SMALL ENTITY	
	FOR	NUMBER FILED		NUMBER EXTRA			RATE	FEE		RATE	FEE
	IC FEE CFR 1.16(a))						٠.	3	OR .		·710°
TOT	AL CLAIMS OFR 1.16(c)	18	numus 20 =				× 3		OR	K \$	
INDE	PEODENT CLAMS OFR (.16(b))	2	refrace 3 s				X \$		OR .	X 8 =	,
MULTIPLE DEPENDENT CLAIM PRESENT (07 CFR 1.16(4))							+1 =		OR	+; ,	
" the afterence in column 1 is less than zero, enter "O" in column 2.							TOTAL		· OR	TOTAL	
CLAIMS AS AMENDED PART (I											
											THAN
L,	. (Column 1) .		(Cotamin 2)	(Cotumn 3)		SMALL	YIIIN	- CAR		ENTITY
۷ 5	16/5K	CLAIMS REMAINING AFTER MENOMENT	Pf	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADOH TIONAL FEE
ENDMENT	Total		Mirus	29	-	ļ.	X S		OR	ž t ===	
2	Independent par of it 1,1000	77	Minus				X			×5 .	
AM		7							OR	~ ,	
REST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))						l	† \$ =		CR	TOTAL	-
11:4							ADD'L FEE		OR	ADD'L FEE	
W	11	Column 1)		(Cotumn 2)	(Column 3)		<i>:</i> -			·	
ENT B		CLAIMS EMAINING AFTER KENGMENT	PF	HIGHEST NUMBER REVIOUSLY PAROTRAR	PRESENT EXTRA		RATE	, ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ž	Total (S' CFR 1.15(c)		Minus -	NY	-		X 6		OR	x x=	
AMENDM		X	Minus	V	= /		x \$=		OR .	200	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM \$27 CPR 1.15(4)							+8		OR		
							TOTAL ADD'L FEE	·	OR	TOTAL ADOT: FEE	
H	17 .	Cotumen 1)		(Cotumn 2)	(Cotumn 3)	•	·	•		•	
I C	R	CLABAS EMAINING AFTER	PF	HICHEST NUMBER REVIOUSLY	PRESENT EXTRA	,	RATE	ADDI- TIONAL		RATE -	ADOI- TIONAL
MENT	Total	A CY	Minus	PAIDFOR	= /	ľ		FEE			FEE.
END	(32 CFR 1,14(c))	\mathcal{W}	Venus	27	. /		×	\vdash \land	OR	X \$	
AME	Ch.cy.s /7(697)	51		$\overline{}$			X 5	/	OR.	x s	/
FRIST RESERVATION OF MULTIPLE DEPONDENT COME (ST CFR / (III))							TOTAL	/	OR .	TOTAL	/
ADD1 FEE OR ADD1 FEE OR ADD1 FEE											
# 9th entry in column 1 is less than the crity in column 2, write 70' in column 3. "Your manual Number Processory Pacific 31 THIS OF ACCE is less than 3, enter 7'. "If the Fighest Number Processory Pacific of ITHIS SPACE is less than 3, enter 7'.											
۰. <i>-</i> -	" If the "Highest Num	DEI PIEVIOUSTY P	di Lot in 1	IND SPACE	is versional J, E		ı v. manhardmadılı	the snornorial	a bor to a	nterna 1	. I

The "tighest Number Previously Palis For" (Total or independent) is the highest number found in the appropriate box in cotumn 1. This collection of information is required, by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11. This collection is estimated to take 12 cultivates to complete including outhering, preparing, and submitting the completed application form to the USPTO. Three will vary depending upon the individual case. Any comments on the amount of time you require to complete this form another suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Petern and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-600-PTO-9199 and select option 2.